



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Debbie DRANE et al.

Title: VACCINE COMPOSITIONS

Prior Appl. No.: 09/714,438

Prior Appl. Filing Date: 11/17/2000

Examiner: Unassigned

Art Unit: Unassigned

CONTINUING PATENT APPLICATION
TRANSMITTAL LETTER

Mail Stop PATENT APPLICATION
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is a:

[] Continuation [] Division [X] Continuation-In-Part (CIP)

of the above-identified copending prior application in which no patenting, abandonment, or termination of proceedings has occurred. Priority to the above-identified prior application is hereby claimed under 35 U.S.C. § 120 for this continuing application. The entire disclosure of the above-identified prior application is considered as being part of the disclosure of the accompanying continuing application and is hereby incorporated by reference therein.

Enclosed are:

- [X] Copy of Specification, Claim(s), and Abstract (53 pages).
- [X] Formal drawings (10 sheets, Figures 1-10).
- [X] Declaration and Power of Attorney (4 pages).
- [X] Preliminary Amendment (23 pages)
- [X] Application Data Sheet (37 CFR 1.76) (4 pages)
- [X] Information Disclosure Statement (2 pages);
- [X] Form PTO-1449 (1 page)

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$750.00	\$750.00
Total Claims:	57	- 20	= 37	x \$18.00	= \$666.00
Independents:	2	- 3	= 0	x \$84.00	= \$0.00
If any Multiple Dependent Claim(s) present:			+	\$280.00	= \$0.00
				SUBTOTAL:	= \$1416.00
[] Small Entity Fees Apply (subtract ½ of above):					= \$0.00
				TOTAL FILING FEE:	= \$1,416.00

[X] A check in the amount of \$1,416.00 to cover the filing fee is enclosed.

[X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Date 7/21/03

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22428

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Respectfully submitted,

By

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